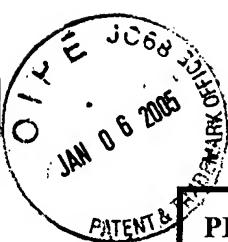


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<i>Complete if Known</i>	
Application Serial Number	10/705,446
Filing Date	November 10, 2003
First Named Inventor	Horvath
Group Art Unit	1624
Examiner Name	Habte, K.
Attorney Docket No.	UDL-004D2



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket Number UDL-004D2																														
In re Application of Horvath <i>et al.</i>																																
Application Serial No. 10/705,446																																
Filed: November 10, 2003.																																
Group Art Unit: 1624		Examiner: K. Habte																														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above entitled application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired)</p>																																
<table><tr><td><input type="checkbox"/></td><td>One month (37 CFR 1.17(a)(1))</td><td>\$</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Two months (37 CFR 1.17(a)(2))</td><td>\$ 450.00</td></tr><tr><td><input type="checkbox"/></td><td>Three months (37 CFR 1.17(a)(3))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Four months (37 CFR 1.17(a)(4))</td><td>\$</td></tr><tr><td><input type="checkbox"/></td><td>Five months (37 CFR 1.17(a)(5))</td><td>\$</td></tr><tr><td colspan="2"><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</td><td></td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</td></tr><tr><td colspan="3"><input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.</td></tr><tr><td colspan="3"><input checked="" type="checkbox"/> Return receipt postcard enclosed.</td></tr></table>			<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	<input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.			<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			<input type="checkbox"/> The Commissioner is hereby authorized to charge the required fee to Deposit Account No. 20-0531. Enclosed is a duplicate of this sheet.			<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 20-0531.			<input checked="" type="checkbox"/> Return receipt postcard enclosed.		
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<p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p>Registration number if acting under 37 CFR 1.34(a). _____.</p>																																
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK																														
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		Respectfully submitted, Daniel A. Wilson Attorney for Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110																														

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